09/911, 634

Application or Docket Number

42390P11994

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |  |              |                                |              |   |       | SMALL ENTITY TYPE   |                        | OR                         | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|--|--------------|--------------------------------|--------------|---|-------|---------------------|------------------------|----------------------------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |  | 22           |                                |              |   |       | RATE                | FEE                    | ]                          | RATE                          | FEE                    |
| FOR   |  |  | NUMBER FILED |                                | NUME         | BER EXTRA                                     |       | BASIC FEE           | 355.00                 | OR                         | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | 22 minus 20= |                                | •            | 2   |       | X\$ 9=              |                        | OR                         | X\$18=                        | 36.60                  |
| INDEPENDENT CLAIMS  |  |  | 3 mi         | nus 3 =                        | •            | Ø   |       | X40=                |                        | OR                         | X80≃                          | 0.000                  |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                                   | RESENT       |                                |              |   |       | +135=               |                        | OR                         | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |  |              |                                |              | Į   | TOTAL |                     | OR                     | ,TOTAL                     | 74600                         |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |              |                                |              |   |       | SMALL               | NTITY                  | OTHER THAN<br>SMALL ENTITY |                               |                        |
| AMENDMENT A   | roduce de  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                              |       | RATE                | ADDI-<br>TIONAL<br>FEE | *4.                        | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NON   | T tal  | · 22   | Minus        | ·d                             | 2            | = _   |       | X\$ 9=              |                        | OR                         | X\$18=                        |                        |
| AME   | Independent  | • 3  | Minus        | •••                            | }            | = -   |       | X40=                | ,                      | OR                         | X80=                          | -                      |
|   | FIRST PRESE  | NTATION OF MI                                  | JENPEE DEF   | ENDENI                         | CLAIM        |   |       | +135=               | jir seri, iyo          | OR                         | +270=                         |                        |
|   |  |  |              |                                |              |   | L     | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE           | ·                      |
| (Column 1) (Column 2) (Column 3)  |  |  |              |                                |              |   |       |                     |                        |                            |                               |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      | ·            | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA                              |       | RATE                | ADDI-<br>TIONAL<br>FEE | J.                         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | T tal  | •  | Minus.       | ••                             |              | =   |       | X\$ 9=              | . :                    | OR                         | X\$18=                        | ٠.                     |
|   | Independent  | NITATION OF M                                  | Minus /      | ***                            | C . A / A /  | -   |       | X40=                | . *****                | OR'                        | X80=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |              |                                |              |   | ' [   | +135=               |                        | OR                         | +270=                         |                        |
|   | ·  | •••  |              |                                |              |   |       | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT, FEE           | -                      |
|   |  | (Column 1)                                     |              | (Colur                         | mn 2)        | (Column 3)                                    |       |                     |                        | -                          |                               | ,                      |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA                              |       | RATE                | ADDI-<br>TIONAL<br>FEE | ٠                          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  |  | Miņus        | **                             |              | Ę.  |       | X\$ 9=              | •                      | OR                         | X\$18=                        |                        |
|   | Independent  | <u>·                                      </u> | Minus        | •••                            |              | <u> -                                    </u> |       | X40=                |                        | OR                         | X80=                          |                        |
|   | FIRST PRESE  | NTATION OF M                                   | ULTIPLE DE   | PENDEN                         | CLAIM        |   | ŀ     | +135=               |                        | OR                         | +270=                         |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |              |                                |              |   |       |                     |                        | TOTAL                      |                               |                        |
| ***   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THIS PACE IS less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |              |                                |              |   |       |                     |                        |                            |                               |                        |